

Pre-Contract Administration Department of Transportation 310 Maple Park Avenue SE PO BOX 47360 Olympia, WA 98504-7360

360-705-7837 / Fax 360-705-6966 email: walkeke@wsdot.wa.gov

# **Supplemental Questionnaire**

Submission Date

Please type all information			
Firm Name and Address as Currently Prequalified	Make any necessary changes in Firm Name, Street or Mailing Address in the space provided below.		
	Telephone (Include Area Code)		
Federal ID Number	Facsimile (Include Area Code)		

Supplemental to Standard Questionnaire and Financial Statement (DOT 420-010, Revised 5/03)

#### **Supplemental Questionnaire**

(DOT Form 420-011, Revised 4/02)

A bidder who has a Standard Questionnaire and Financial Statement (DOT Form 420-010) on file with the Department of Transportation will be required to renew prequalification annually by filing any amendatory information through the submission of a Supplemental Questionnaire. In the event a contractor, during the period of a year, should have a change in the structure of the firm, e.g. officer, ownership, incorporation, etc., or when required by the department, shall submit a Supplemental Questionnaire.

WAC 468-16-090 specifies that for a firm showing a net worth in excess of one hundred thousand dollars (\$100,000), the applicant must provide, with the questionnaire, a copy of its financial statement as **audited or reviewed** or its last fiscal year, prepared in accordance with the standards of the American Institute of Certified Public Accountants. The statement must be prepared by an independent certified public accountant registered and licensed under the laws of any state. Balance sheets, income statements, a statement of retained earnings, supporting schedules and notes, and the opinion of the independent auditor must accompany the financial statement. A **compiled Financial Statement is not acceptable.** 

### **Period Prequalification**

The information contained in the Supplemental Questionnaire is used to renew the basic rating on an annual basis and the firm will be so notified annually as to their bidding status for the ensuing year. The bidding rate may be renewed annually, effective March 31, June 30, September 30, or December 31 as outlined in WAC 468-16-090.

Have the		ns or reductions in the staff of y				Yes I	
		Additional Sup	ervisory P	ersonnel	Employed		
Ind	iividual's Name	Present Position or Office	Years of Construction Experience	Magnitude	and Type of Work	In What	: Capacity
		Reductions in S	1	pervisory	Personnel		
Ind	ividual's Name	Present Position or Office	Years of Construction Experience	Magnitude	and Type of Work	In What	: Capacity
	ere been any significa plete the following:	ant additions or deletions to the e	equipment listed	1?		☐ Yes ☐ N	No
		Equ	uipment Ac	ditions			
Quantity		Description and Capacity of I	tems		Date of Manufacture	Applicant's Purchase Price	Book Value
		F	vinom and Da	lations.			
			uipment De	eletions	Date of	Annligant's	
Quantity		Description and Capacity of I	tems		Manufacture	Applicant's Purchase Price	Book Value

Fiscal Information					
3. End of Applicant's Fiscal Year (Month, Day)					
4. Date of Year End Financial Statement (Month	, Day, Year)				
As of the above date, the firm's total assets, lial	•				
Total Tangible Assets \$	Total Liabilities	<b>3</b>	Net Worth \$		
·	\$	0 1 0 10			
Additional Financial Resource(s) (i.e., Bank L resources shall have a notarized letter to do of the Pledge/Guarantee, and a termination of	cument the Pledge/Guara	antee. Required informatio	n within the letter is: The dollar amount, Purpose		
6. Is the Prequalification issued to you satisfactor	ory as it pertains to Class	es of Work?	☐ Yes ☐ No		
If No, List below the additional class or classes of work for which you feel you are equipped and qualified to perform and furnish supporting data for your proposed changes. (Supporting data is experience, equipment, projects completed with names, Contracting Agency Mailing Address, Contact Person, Telephone No., Fax No. and Email Address to verify the work) (Attach additional sheets if necessary)					
	Addition	al Classes			
Corporation If a corporation, complete this section			Co-Partnership or Joint Venture If a Co-Partnership or Joint Venture, complete this section		
When Incorporated In What State?		Date of Organization			
President's Name		State whether Coneral	Limited or Association		
President's Name		State whether General,	Limited, of Association		
Vice President's Name					
Secretary's Name		State whether there is any limitation on duration of Co-Partnership or Joint Venture?			
Treasurer's Name					
If Out-of-State Corporation, have you complied washington's Corporation Laws?	with Yes No				
Authorized Signatures					
List the name and Title of those individuals in your organization who are authorized to execute proposals, contracts, bonds, and other documents and/or instruments on behalf of the organization. Specify if more than one signature is required.  The Signature MUST appear next to name.					
Name (Typed)	Sigr	nature	Title		

	Non-Collusion					
In o	rder for your app	lication for Prequalification to be considered, it is ne	cessary to furnish the following information:			
1.		ver been indicted, pled guilty, pled nolo contend ere d in your firm being barred from bidding or performin		Yes	□No	
2.		employee, or other member of your firm ever been of any illegal restraints of trade, including collusive		Yes	□No	
		eparate sheet(s) to this form giving details involved, tus with your firm.	the names of the individuals and their current			
3. Has your firm or any officer, employee, or member of your firm ever been debarred for violation of various Public Contract Acts incorporating Labor Standards Provision?				□No		
	If Yes, attach s	eparate sheet(s) to this form giving details involved.				
4.		er the protection of the bankruptcy court, have pend ment for the benefit of creditors?	ding any petition in bankruptcy court, or have you	Yes	□No	
		Execution o	f the Affidavit			
Ind	ividual:	Signature of the individual in the firm name	under which business is conducted.			
Co-	Partnership:	The signature of all partners, general and Fact.	limited under the firm name, or the signatu	ire of the	eir Attorney ir	
Joii	nt Venture:	Signatures of an authorized representative venture shall also affix their corporate seal.		ate meml	oers of a join	
Cor	poration:	The signature of the authorized officer(s) of	f the corporation with corporate seal affixed	d.		
	Affidavit					
Туре	e of Organization	(Individual, Co-Partnership, Joint Venture, or Corpor	ration)			
State	e of	١				
Cou	nty of	}	SS			
State for th other	n named, as of the ment now on file in e express purpose agency named in t	duly sworn, deposes and says that the foregoing is a true signate indicated; that the financial condition of said firm has rethe offices of the Washington State Transportation Commission inducing the Washington State Transportation Commission aforementioned Standard Questionnaire and Financial Standard Augustionnaire and Financial Standard Augustionnaire and Financial State with any information necessary to verify this statement.	not decreased since the submission of the Standard Quesission; that the answers to the foregoing interrogatories are on to award the said firm or individual a contract; and that atement is hereby authorized to supply the Washington St	tionnaire an e true; that t t any deposi	d Financial this statement is itory, vendor or	
Auth	orized Signature		Authorized Signature			
Auth	orized Signature		Authorized Signature			
Swo	orn to before n	ne this day of	,			
		Notary Pub	ilic			
		Corporate Seal	Notary Seal			

## Small Works Roster Supplemental for contractors interested in being placed on a Small Works Roster.

A)	Place	on the small works rosters for the
•	(Enter name of applicant or firm)	
	work class/s as indicated on the attached Prequalification Work	Classes Sheet.

B) Indicate each County the firm is interested in bidding for work. (Mark all counties you are requesting consideration below)

Name	Title	Signature

Please consider carefully where you are willing to work since you will be considered only for locations that you check.

- A contractor may be denied placement on or, after such placement, may be removed from a small roster if the contractor fails to respond
  to five solicitations for bids on jobs offered through the small works roster.
- At least one county designation must be marked for work you are willing to accept on the small works roster.
- To change your designation on the small works roster, please call the Contract Ad and Award office at (360) 705-7835

#### WASHINGTON STATE GEOGRAPHIC REGIONS

